

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Taylor</u>		Town	County <u>Hargrave</u>		MARYLAND	
Date of death 1903	Month <u>Dec.</u>	Day <u>13</u>	Age <u>0</u>	Years	Months <u>0</u>	Days <u>1</u>
Sex <u>male</u>	Color or Race <u>white</u>	Occupation		<u>5-1</u>		
Married, Single or Widowed	—			Father's Name <u>J. Duncan Almory</u>	Ind.	
Name of Wife or Husband	—			Mother's Name <u>Sally S. Davis</u>	Ind.	
Father's Name	<u>J. Duncan Almory</u>		Mother's Birthplace		<u>Ind.</u>	
Mother's Maiden Name	<u>Sally S. Davis</u>		How related to deceased		<u>father</u>	
Name of person giving information	<u>J. Duncan Almory</u>		CAUSES OF DEATH			
Primary	<u>Premature birth.</u>		How long		<u>lived about 36 hrs.</u>	
Immediate			How long			

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

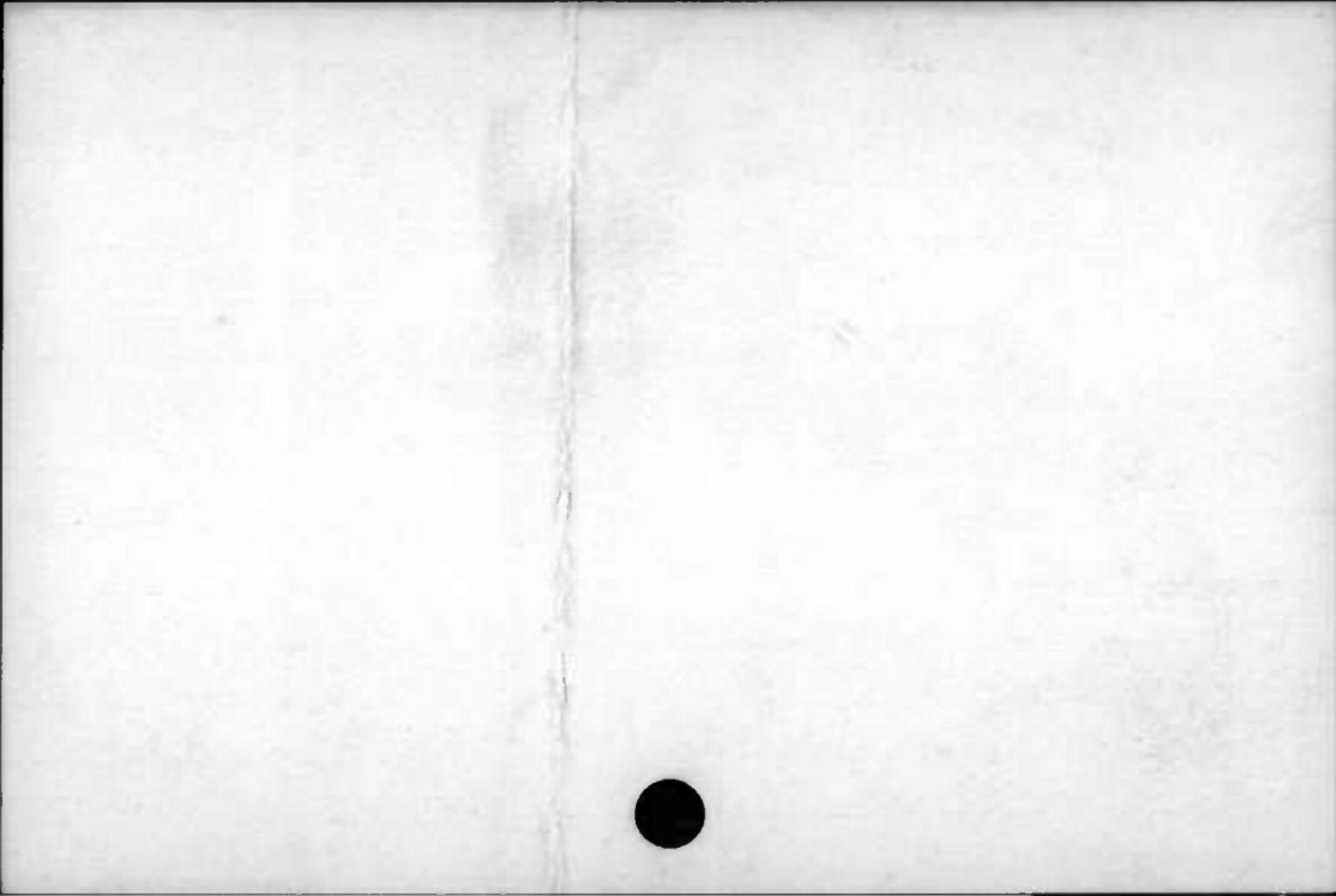
Address

Thos. H. Emory Esq.

Hess

Accident or Suicide?

no



Brown

Town		County			Native of		Occupation	
Died at Dry Branch		Harford			Md.		MARYLAND	
Date 19 D 3	Month Dec.	Day 5	Y.	M.	D.			
Male		Age	- 1			Divorced		
Female		White	Widow			Number of children living		
Husband of		Colored	Widower					
Wife		Single						
Father's Name		John T. Brown			Mother's Maiden Name		Mary L. Flitehor	
Cause of Death		Convulsions			How long sick			
Primary								
Immediate								Accident, Suicide, Homicide
Reported by		Jas S. Akhurst,						
Address					Norristown			Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joe. H. Brown

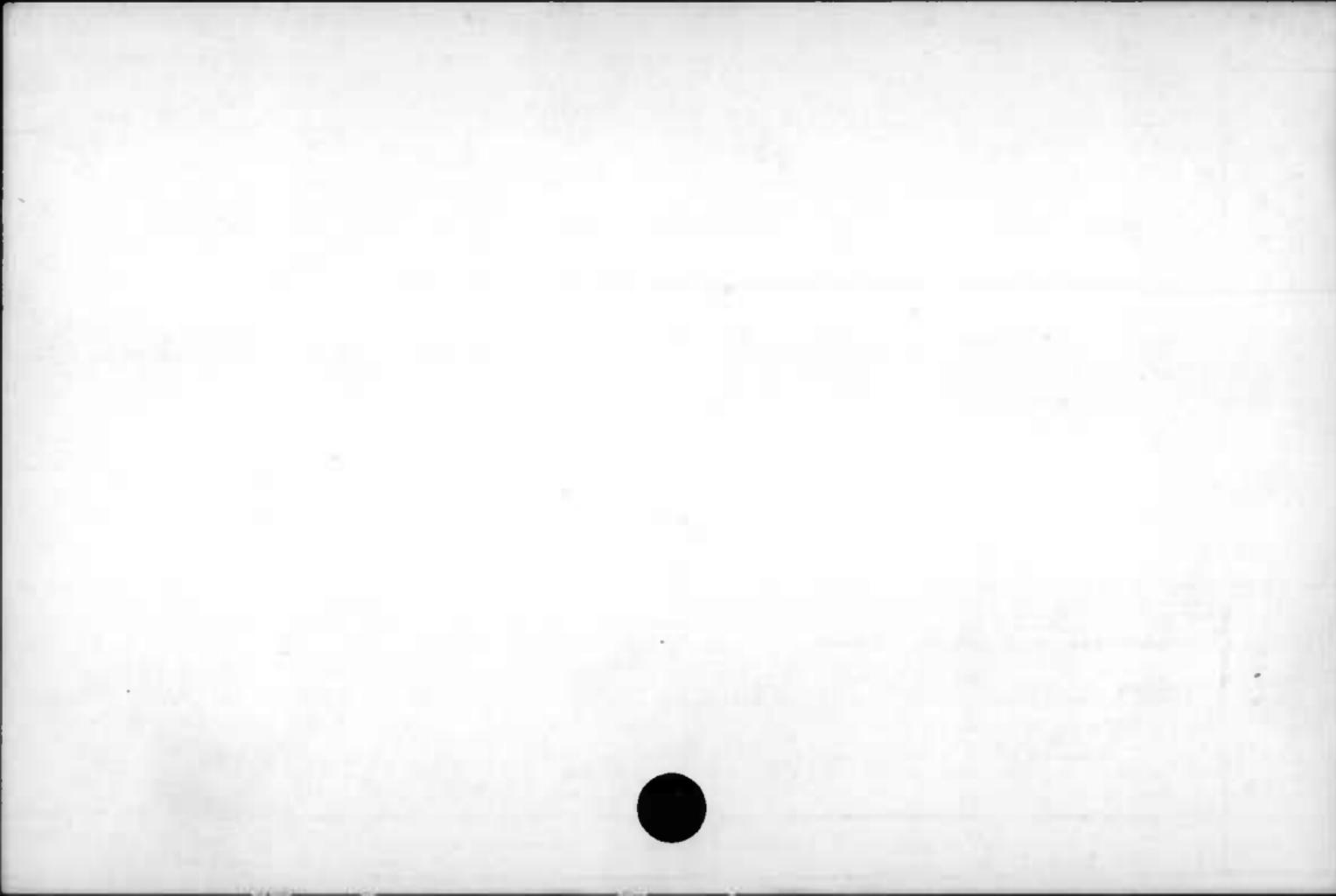
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Havre de Grace		Harford			
Date of death 1903	Month Dec	Day 7	Years	Age 29	Months	Days
Sex	Male	Color or Race	Col		Birth-place	MD
Married, Single or Widowed	Married		Occupation		Labourer	
Name of Wife or Husband	Mary Taylor					
Father's Name	—				Father's Birthplace	
Mother's Maiden Name	Harriet Brown		~		Mother's Birthplace	
Name of person giving information	Lama Mitchell				How related to deceased	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	6 mo
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J L Stappum
		Address	Havre de Grace
Accident or Suicide?		No	



Name
in
Full

Joseph R. Burkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month Dec.	Day 6	Years 63	Months 8	Days 11
Sex	Male	Color or Race	White	Occupation	Black-smith.	
Married, Single or Widowed	Married	1. & Elizabeth Jones, 2. Mary Nick.				
Father's Name	Isaac Burkins					Father's Birthplace
Mother's Maiden Name	- - - - - 79.					Mother's Birthplace
Name of person giving information	Rev. S. Burkins					How related to deceased Son.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cardiac Asthma	Caused by Mitral Incompetency.		How long Seven months.
Immediate Paralysis of Heart			How long Immediate.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician G. Herbert Soria, M.D.		
They are	Address Bastleton, Md.		
Accident or Suicide?			

Name
in
Full

Lewis L. Goen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town Barred Grace	County Daryard	MARYLAND	
Date of death 1903	Month Dec.	Day 5	Years 38	Months -1	Days 2
Sex Male	Color or Race White	Birth- place Chapel Taylor Co			
Married, Single or Widowed Married	Occupation Farmer				
Name of Wife or Husband L. Touchton					
Father's Name Lewon L. Goen	166		Father's Birthplace		
Mother's Maiden Name Packer Mitchell			Mother's Birthplace		
Name of person giving Information Packer Mitchell			How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
immediate Killed by Bull		How long

Are the name, age, sex, color, date
and place correctly given above?

gr
Signature of
Physician

Address

R H Smith MD
House of God

Accident or Suicide?



Name
in
Full

William H Gallup

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Perryman		Harford				
Date of death 1903	Month 12	Day 5	Years 79	Age	Months 6	Days	
Sex Male	Color or Race	White	Occupation	Birth-place	Harford Co		
Married, Single or Widowed					Farmer		
Name of Wife or Husband							
Father's Name	Oliver H Gallup		71		Father's Birthplace	Harford Co	
Mother's Maiden Name	Parvilia Holloway				Mother's Birthplace	" "	
Name of person giving information	Mrs. W. H. Gallup				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Two yrs

Immediate

Anæmia

How long

" "

Are the name, age, sex, color, date and place correctly given above?

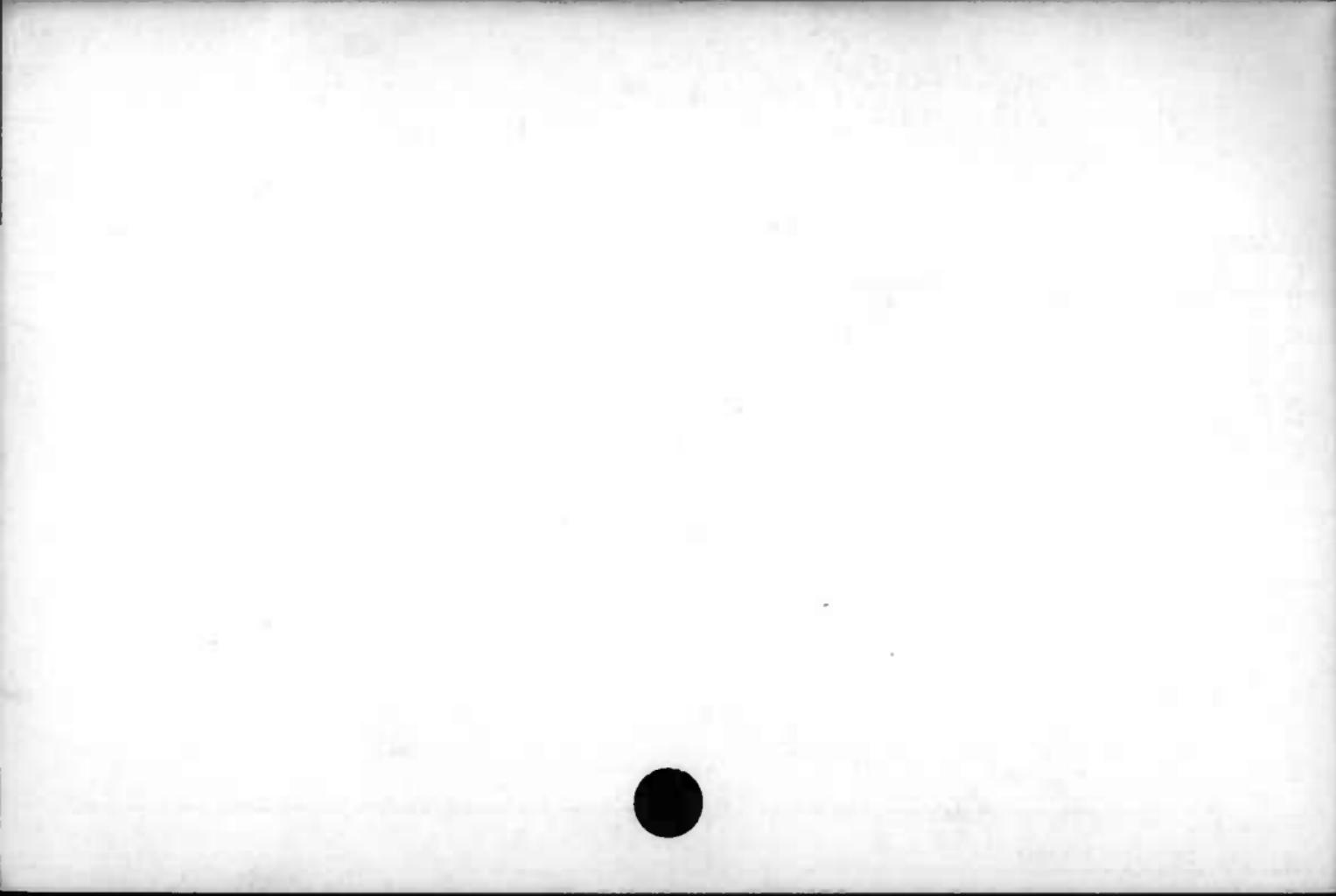
yes.

Signature of Physician

Address

J. H. Stein
Perryman
Md.

Accident or Suicide?



Name
in
Full

James Thomas Gorrell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Bel Air		Town Harford		County MARYLAND	
Date of death 1903.	Month December	Day 27	Age 67	Months 3	Days 24
Sex Male	Color or Race White	Birth-place Hopewell			
Occupation Carpenter.		Where Residing if not at place of death Bel Air, Md			
Married, Single or Widowed	Married	Name of Wife or Husband	M. Elizabeth Gorrell.		
Father's Name	John Gorrell		Q3	Father's Birthplace	Hopewell.
Mother's Maiden Name	Elizabeth Bell		Mother's Birthplace -		
Name of person giving information	Harry B. Gorrell		How related to deceased Son.		

CAUSES OF DEATH

Primary

Lobas Cynumonia

How long

1 week.

Immediate

Heart attack

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. Steel Richardson
Bel Air, Md

Accident or Suicide?

18 -

Name
in
Full

Frederick Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Poole	Harpur	Months	6	Days
Date of death 1903	Month 12	Day 21	Years		
Sex	Male	Color or Race	Age	Birth-place	Harpur Co
Married, Single or Widowed	Single	Occupation	—		
Name of Wife or Husband					
Father's Name	Dmit Kurn		179	Father's Birthplace	
Mother's Maiden Name	Bertha Paeca			Mother's Birthplace	Ind.
Name of person giving Information	Bailey & Baldwin			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dmit Kurn	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

Bailey & Baldwin
Devil Town

Accident or Suicide?



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PHYSICIAN
OR CORONER

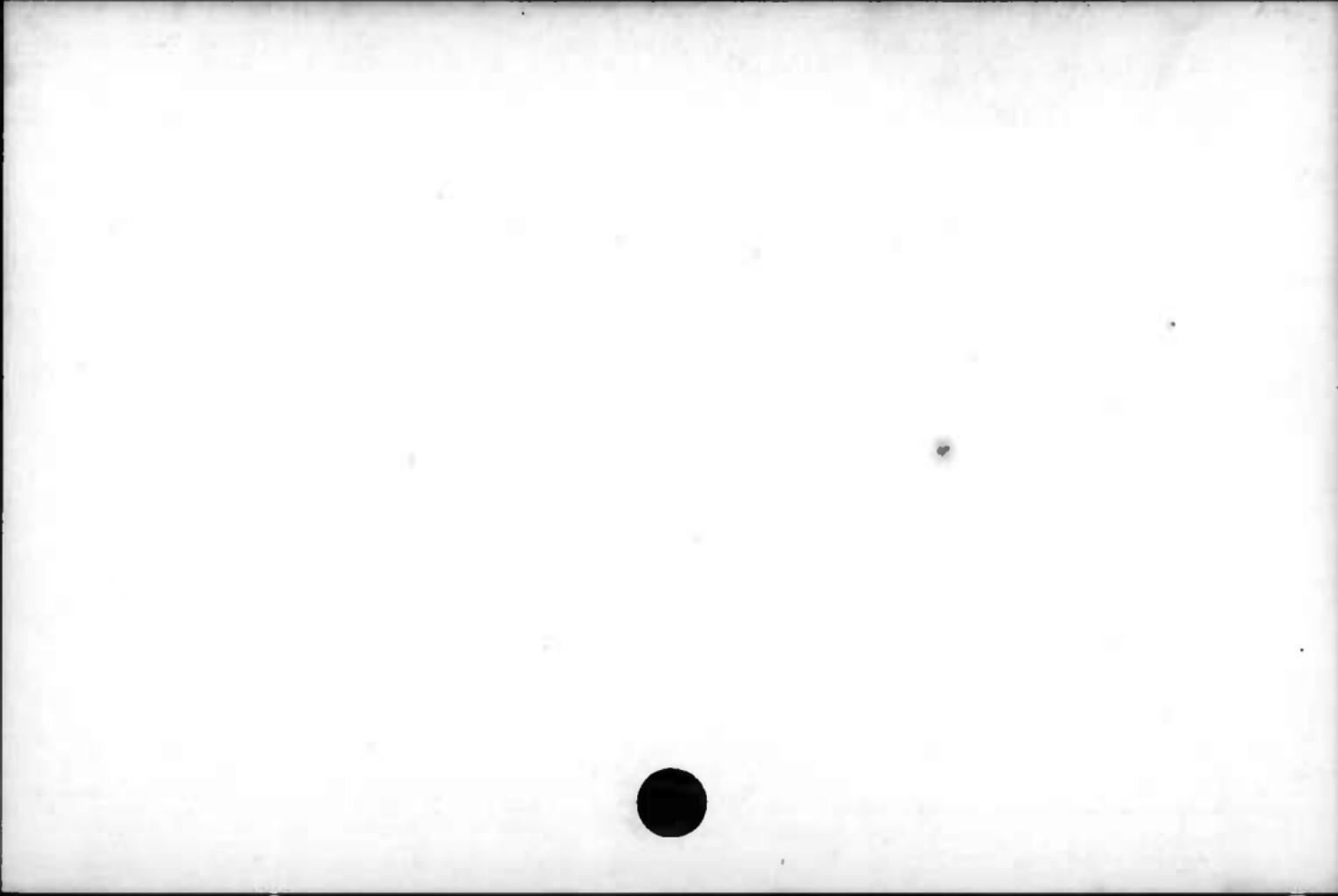
Coashovine Heck

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	White		Birth- place	Ind.
Married, Single or Widowed	Widowed	Occupation		Housewife		
Name of Wife or Husband	Leaher Heck					
Father's Name	Hamilton Morgan		Father's Birthplace			Ind
Mother's Maiden Name	Sarah Morgan		Mother's Birthplace			Ind
Name of person giving Information	Henry Rdy		How related to deceased			None

CAUSES OF DEATH

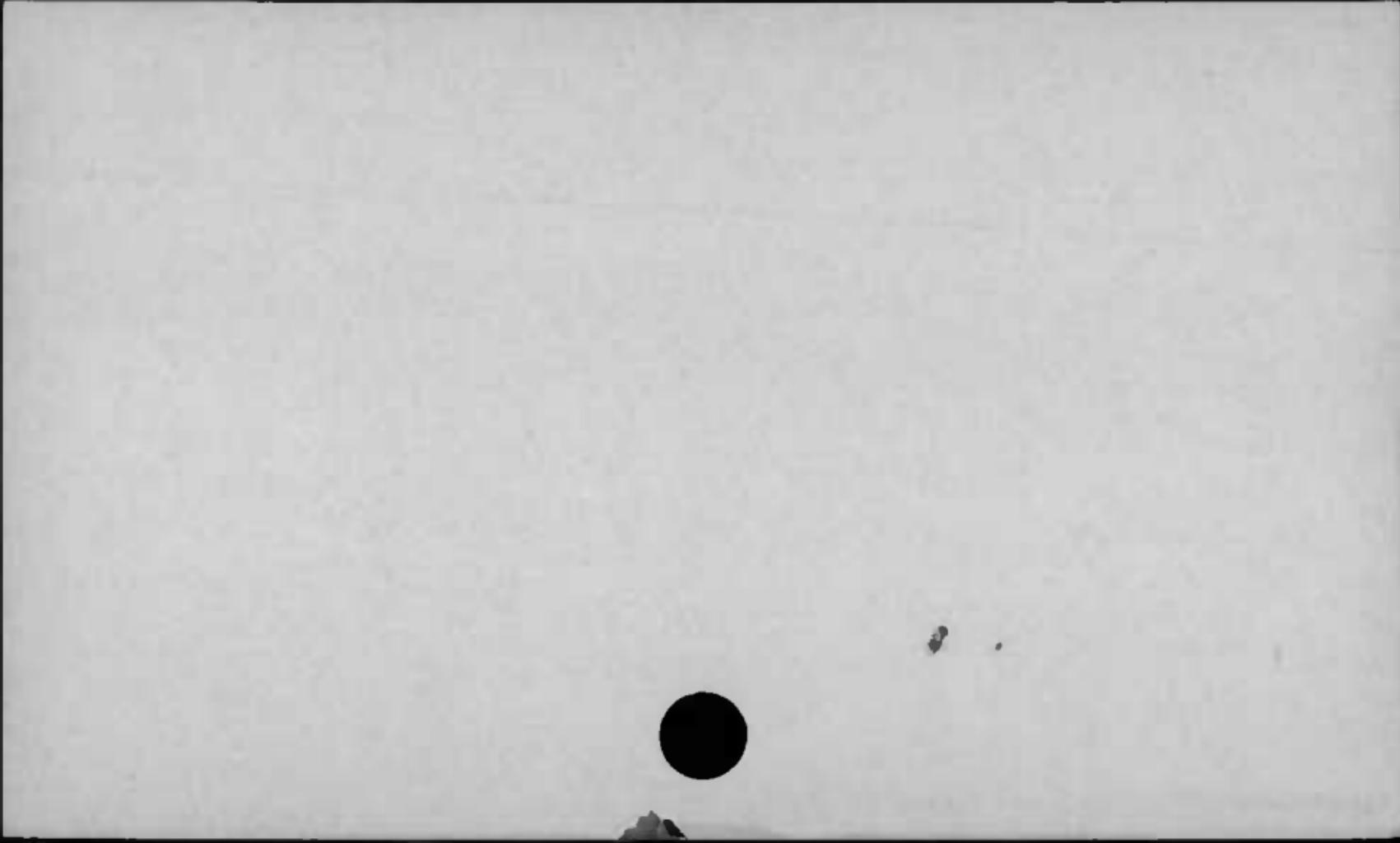
Primary	Pneumonia	How long	1 week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. F. H. Arthur
		Address	Street Ind.
Accident or Suicide?			



Sarah J. Izen

Died at Scarf Town Harford County			Native of MARYLAND		
Date 19	Month 03	Day 12	Y. 42	M. Widow	D. Divorced
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> White <input checked="" type="checkbox"/> Colored	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Widower <input checked="" type="checkbox"/> Widowed
			Number of children living five		
Husband of	Charles Izen				
Wife	James Morgan				
Father's Name	Sarah J. Morgan				
Mother's Maiden Name					
Cause of Death	Primary 85 Immediate hemorrhage				
	How long sick				
	Accident, Suicide, Homicide				
Reported by	Dr. W. Davis M. D.				
Address	Pleasantville Md.				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Frances Kennedy

Town County
Cooper Howard MARYLAND

Died at

Date 1903

Month 12 - 1

Day

Y. M. D.

Native of

Occupation

Male

White

Age 40? Married

Widow

Divorced

People

Colored

Single

Widower

Number of children living

4

Husband of

Sarah Steele Kennedy

Father's

Mother's

Name

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

2 years

Death

Immediate

Accident Sudden Homeless

Reported by

Wm. A. Kennedy
Tella Re

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
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To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Georgina Lytle

CERTIFICATE OF DEATH

MARYLAND

Died at Shadsville Town Harford County
Date of death 1903 Month Dec Day 26 Years _____
Age _____ Months 2 Days 18

Sex Female Color or Race White Birth-place Maryland

Married, Single or Widowed Single Occupation none

Name of Wife or Husband _____

Father's Name J. Frank Lytle

Father's Birthplace Maryland

Mother's Maiden Name Annie E. Webb

Mother's Birthplace Penna.

Name of person giving Information J. Frank Lytle

How related to deceased Father

CAUSES OF DEATH

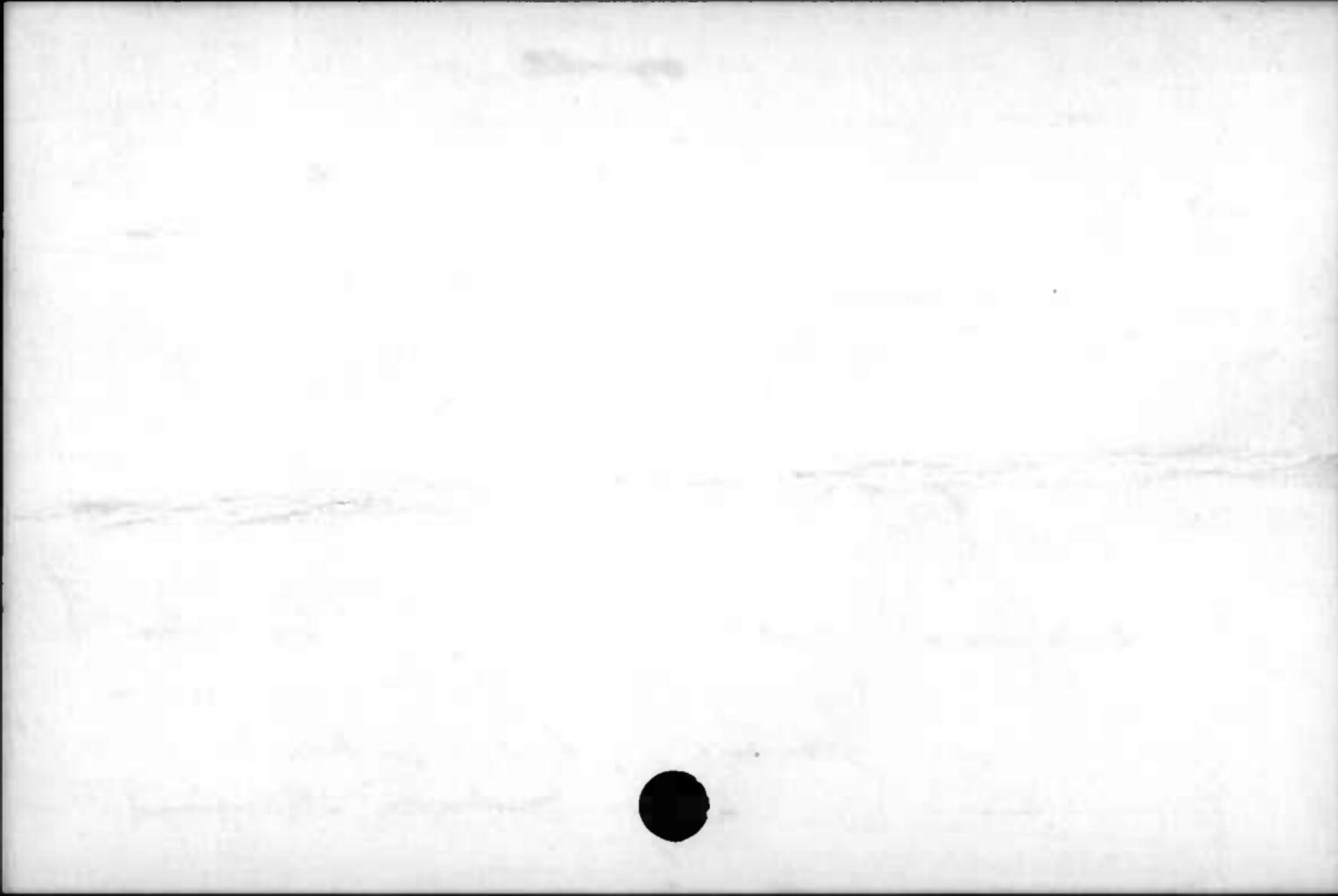
Primary Marasmus How long 3 months

Immediate Capillary Bronchitis with whooping cough How long 9 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Willard Stirling

Address Shanes Md

Accident or Suicide? _____



Name
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George Duncan Maxwell

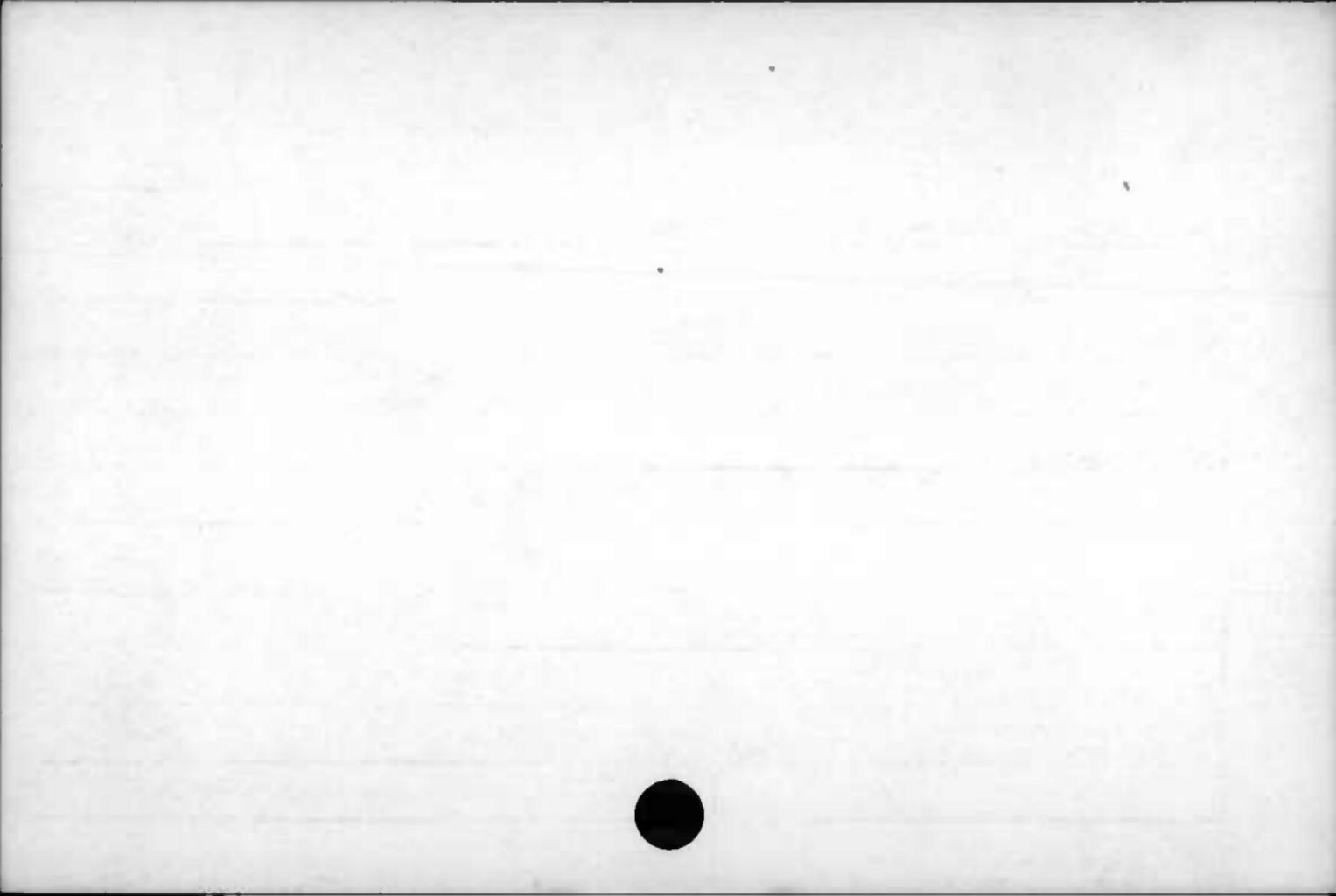
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month 12	Day 18	Years 54	Months 4	Days 22
Sex	Male	Color or Race	White	Birth-place	New York	
Married, Single or Widowed	Married		Occupation	Farmer		
Name of Wife or Husband	Elizabeth Webb					
Father's Name	✓					
Mother's Maiden Name	✓					
Name of person giving information	Mrs. Laffington					
CAUSES OF DEATH						

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	six weeks
Immediate	u	"	How long	4 - 11
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Mrs. Laffington
			Address	Darlington Maryland
Accident or Suicide?				



Michael Moore

Town	St. Marys de Grace			County	St. Marys Co			MARYLAND
Died at	Month	Day	Y.	M.	D.	Native of	Occupation	Stationer
Data 1903	Dec	4	57			Baltimore	Employer	
Male	White	Age	Married	Widow	Divorced			
Female	Colored		Single	Widower	Number of children living			

Husband of

Wife

Father's

Name

Mother's

Maiden Name

60

Cause of

Primary

Malaria & Dis of Heart

How long sick

Death

Immediate

Angina Pectoris

3 months

Accident, Suicide, Homicide

Reported by

J. C. Cother

Address

St. Marys de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Redmon Patterson

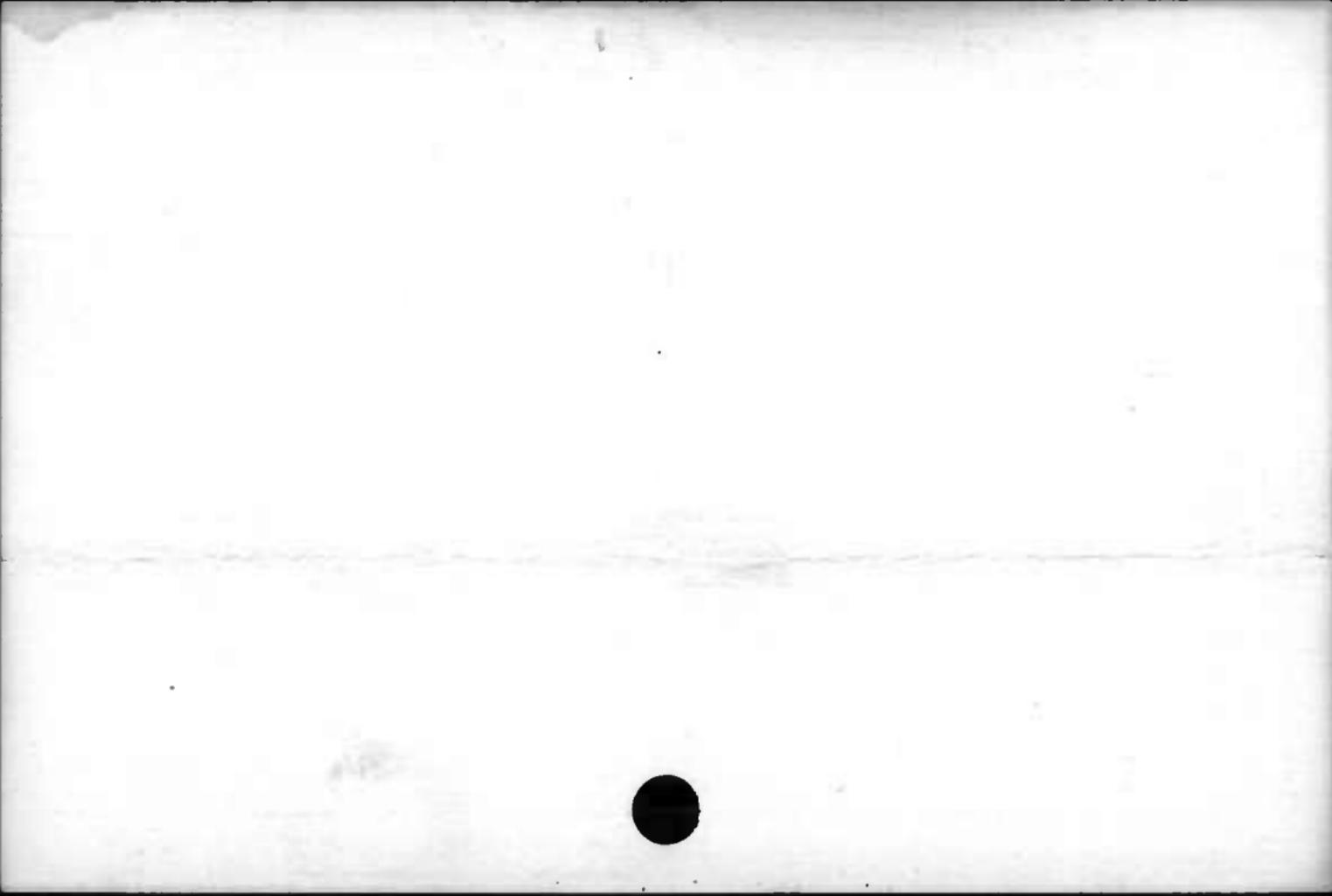
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Dec'r	Day 13	Years Age 32	Months	Days
Sex Female	Color or Race	White	Birth- place	Virginia	
Married, Single <u>Single</u>		Occupation			
Name of Husband	William Patterson				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	W Patterson	Q3	How related to deceased	Huband	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Pneumonia	How long 3 weeks
	Immediate Exhaustion	How long 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address
Yes		Ephraim Hopkins Darlington Md
Accident or Suicide?		



Name
in
Full

Lehas Wesley Peace

CERTIFICATE OF DEATH

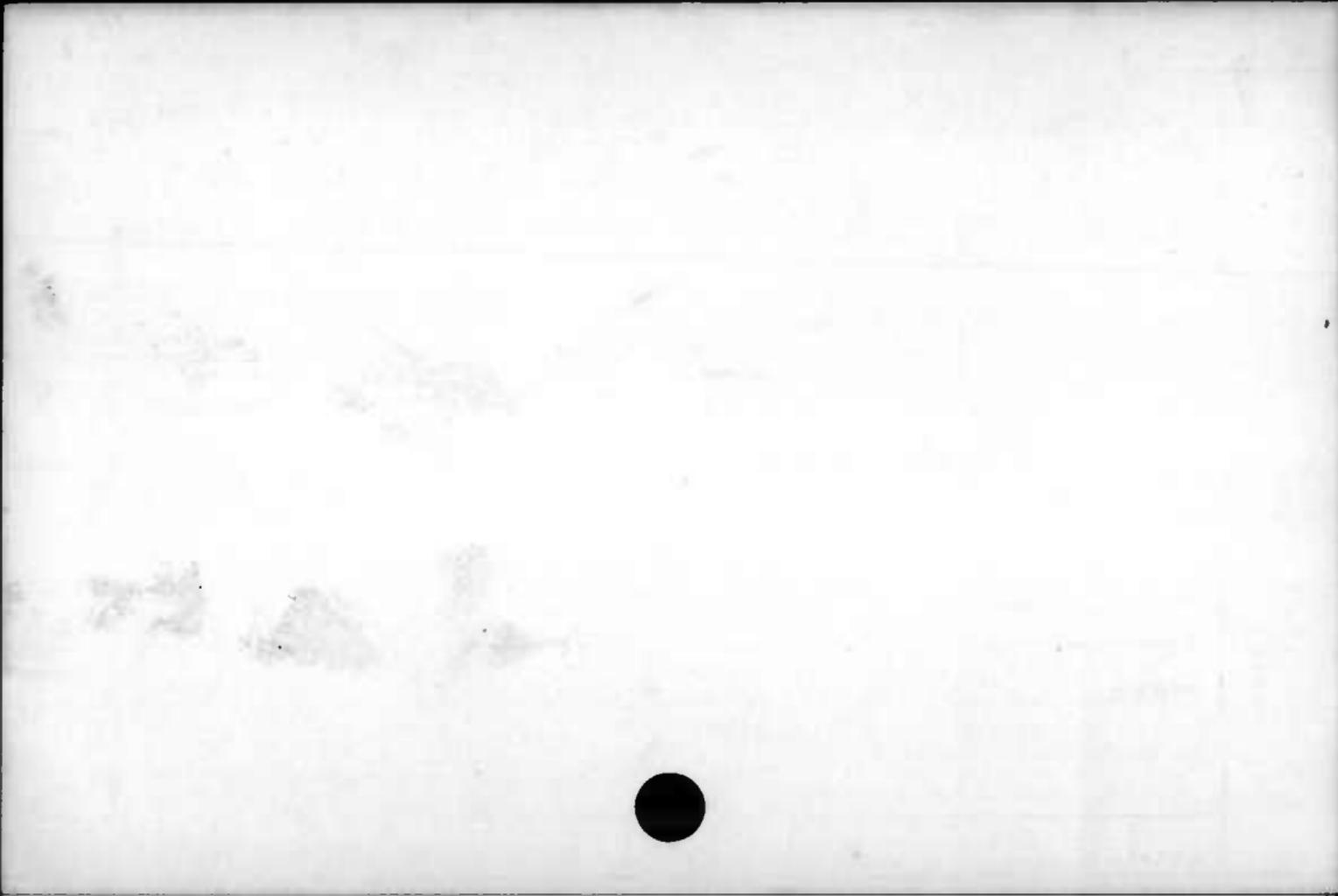
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Garland	Staiford			
Date of death	1903	Month Dec	Day	Years	Months Days
Sex	Male	Color or Race	Col	Birth-place	Md
Married, Single or Widowed	Single		Occupation	Waiter	
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name	Mary Peace		Mother's Birthplace	Md	
Name of person giving Information	Jacob Peace		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	8 mo
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. L. Hopkins
		Address	State de Grace
Accident or Suicide?			Md





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Samall</u>		Town	Prig's Harford		County		
Date of death 1903	Month 12	Day 24	Age	Years		Months	Days
Sex		Color <u>ad</u> Race			Birth-place	<u>Samall</u>	
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name <u>Daniel Prig</u>		S.		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name				Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Daniel Prig</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary	<u>Born dead</u>	How long
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W R McComas
St. M'gdon Md

Accident or Suicide?



Richard B. Robinson

Town Catoctin County Harford MARYLAND

Died at

Date 1903

Month 12 Day 22Y. 74M. D. Native of AmericaOccupation Wheelwright

Male

White

Married

Widow

Divorced

Female

Single

Widower

Number of children living 5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption

How long sick

Death

Immediate

23 days

Accident, Suicide, Homicide

Reported by

Abeytavine  Andrew M. J.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs. Alice Roussey

Town

Cambria

County

Harford

MARYLAND

Died at

Date 1903

Month Dec.

Day 17

Y.

M.

D.

Native of

Male

White

Age

Married

Widow

Divorced

Female

Entered

Single

Widower

Number of children living

None

Husband

of Marshall Roussey



Wife

W. Bay

Mother's

Laura Bay

Father's

Name

W. Bay

Name

Cause of

Primary

Consumption of lungs

How long sick

Death

Immediate

Some years

Accident, Suicide, Homicide

Reported by

A. Steward M.D.,
Delta Pa.

Address



Name
in
Full

Louise St. Clair

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month Dec	Day 8	Age 83	Year	Months 10	Days 29
Sex Female	Color or Race white		Occupation Housekeeping		Birth-place Harford co	
Married, Single or Widowed Widow						
Name of Wife or Husband John Verney St. Clair						
Father's Name					Father's Birthplace	
Mother's Maiden Name Elizabeth Whall					Mother's Birthplace Harford co	
Name of person giving information Charles R St. Clair					How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastritis

How long

90 days

Immediate

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

Yes

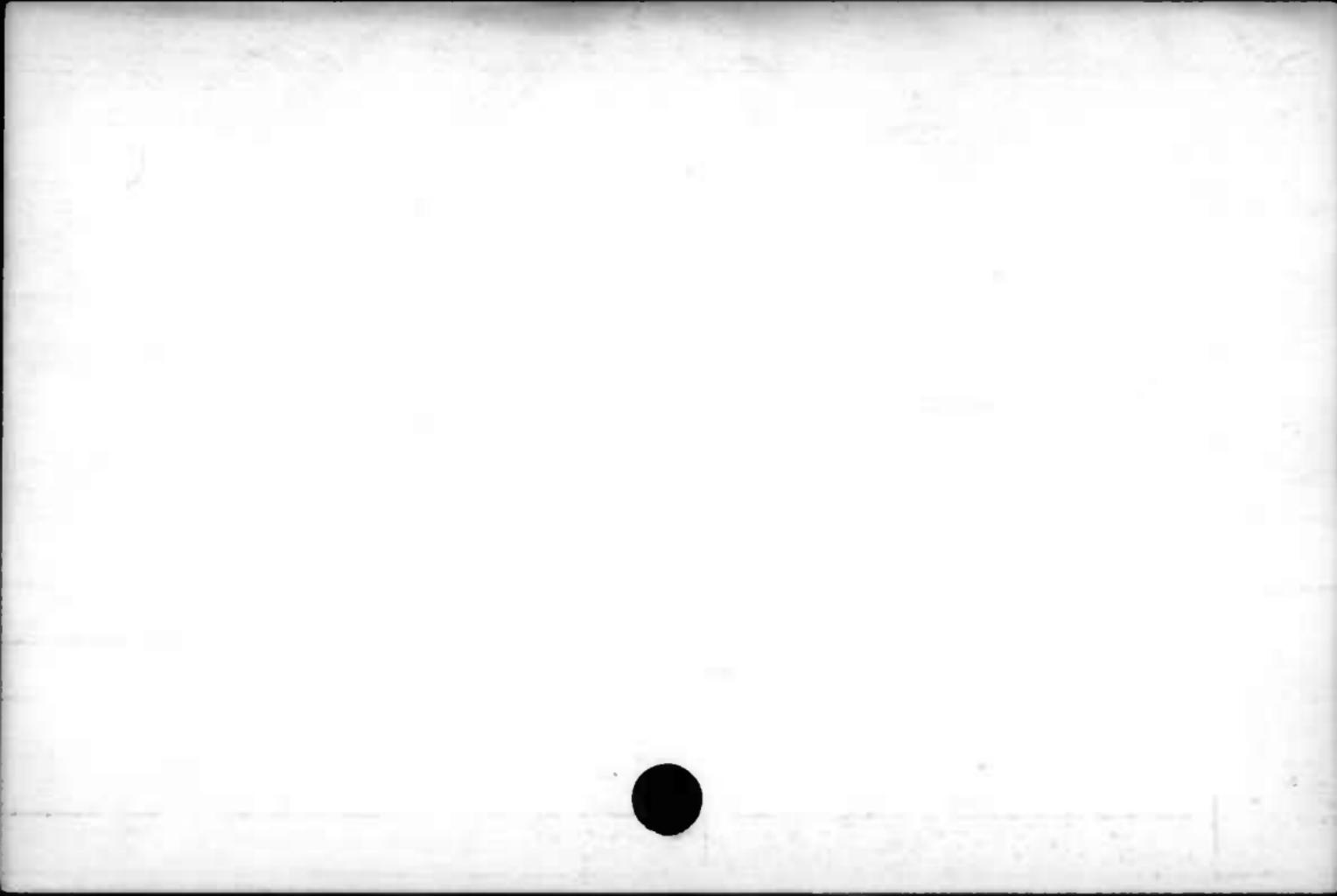
Signature of Physician

W.C. McMurtry

Address

1910 W. Jannat St.
Baltimore

Accident or Suicide?



Name
in
Full

Edward Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Dickson</u>	County <u>St. Paul</u>		MARYLAND		
Date of death 1903	Month <u>Dec</u>	Day <u>1</u>	Years Age	—	Months <u>11</u>	Days —	
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation			Birth- place <u>Red</u>		
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	<u>Nelson Thompson</u>			Father's Birthplace <u>Mid</u>			
Mother's Maiden Name	<u>Mattie Ryan</u>			Mother's Birthplace —			
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pneumonia</u>	How long <u>3 days</u>
	Immediate <u>Meningitis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. L. Hopkins</u>
		Address <u>11 Avenue de Grasse</u>
Accident or Suicide?		<u>2/1</u>



Name in Full

Certificate of Death

William J. Thompson

Town

County

Died at Scarbards Harford Co.

Month

Day

M.

D.

MARYLAND

Date 1903

Dec. 18

Age 63

3

6

Ind.

Native of

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

William J. Thompson
 Scarbards Harford Co.
 Town County
 Month Day M. D.
 Date 1903 Dec. 18 Age 63 3 6 Native of
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living
 Husband
 Wife
 Father's Name
 Name
 Cause of Death
 Primary Chronic nephritis
 Immediate Hypertrophy of Heart
 How long sick
 20 years
 Accident, Suicide, Homicide
 Reported by Dr. D.
 Address Street Co Harford Co Ind.

Must be signed by physician, if any in attendance, otherwise by son, undertaker or minister.



Name
in
Full

Williams Inland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clayton</u> Town		County <u>Hanford</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>11</u>	Years <u>78</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Germany</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Clayton</u>			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased <u>Step Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Organ Heart Disease</u>	How long
Immediate	<u>Stoping -</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. Regan, M.D.
Montgomery

Accident or Suicide?

Interior -
St. Stephen's

Name
in
Full

Wm. B. Vancourt

CERTIFICATE OF DEATH

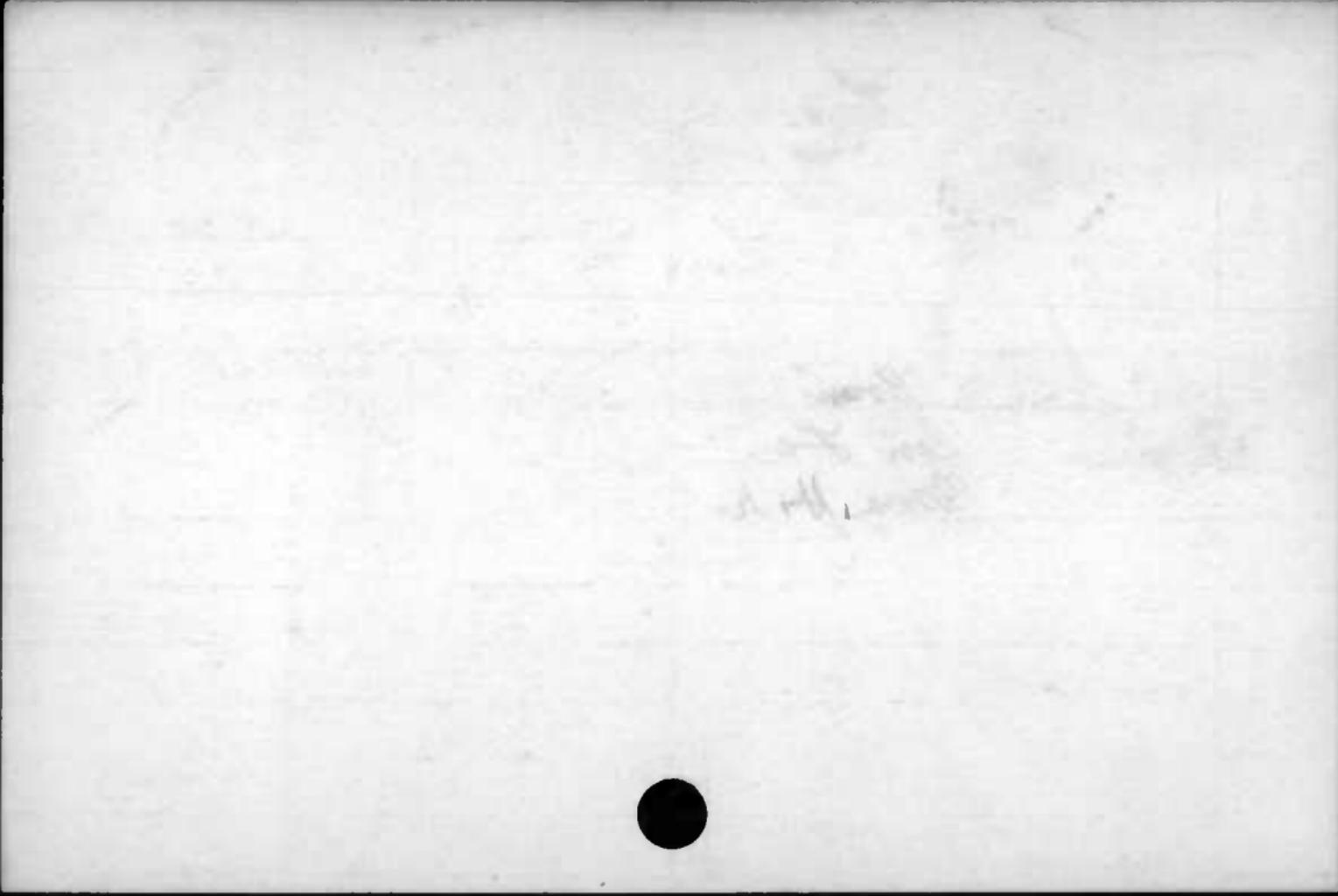
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
	Dec.	15	79	3	1	
Sex	Male	Color or Race	white	Birth-place	Maryland	
Married, Single or Widowed	Widower		Occupation	Blacksmith		
Name of Wife or Husband	Mary M. Ginniss					
Father's Name	Wm. Vancourt		Father's Birthplace	End.		
Mother's Maiden Name	Unknown		Mother's Birthplace	Up		
Name of person giving information	Cornelia Bauro		How related to deceased	Father in Law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	4 years
Immediate	old age	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. Lee St. Hughes
		Address	Gibson, End.
Accident or Suicide?			



Name
in
Full

Evelyn Helen Wiley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex Female	Color or Race	Occupation	White		
Married, Single or Widowed	Birth-place Maryland				
Name of Wife or Husband	Father's Birthplace Maryland				
Father's Name	Mother's Birthplace Maryland				
Mother's Maiden Name	How related to deceased Father				
Name of person giving information	H. Gipie Wheeler				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inorganic Nutrition

How long

Two weeks

Immediate

Anæmia

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

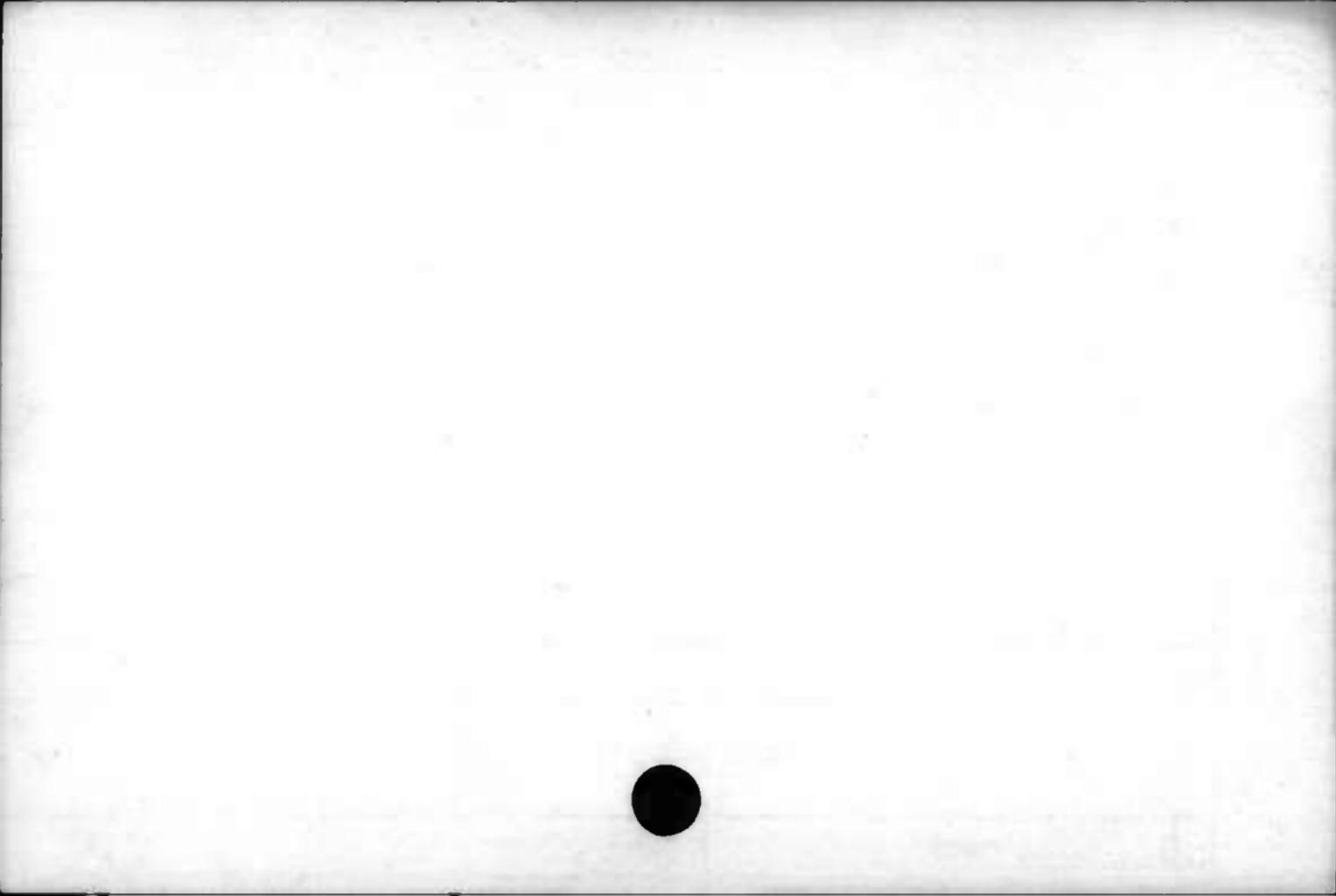
Yes

Signature of Physician

Address

W. L. Smith M.D.
Jamestown
Md.

Accident or Suicide?



Name
in
Full

Mrs Pauline Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	65	Birth-place	
Married, Single or Widowed	Occupation	House Keeping			
Name of Wife or Husband	Wm Wilson				
Father's Name	Samuel Whileyson				
Mother's Maiden Name					
Name of person giving information	S				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Neuropgia* How long

Immediate *Angina Pectoris* How long

Are the name, age, sex, color, date and place correctly given above?

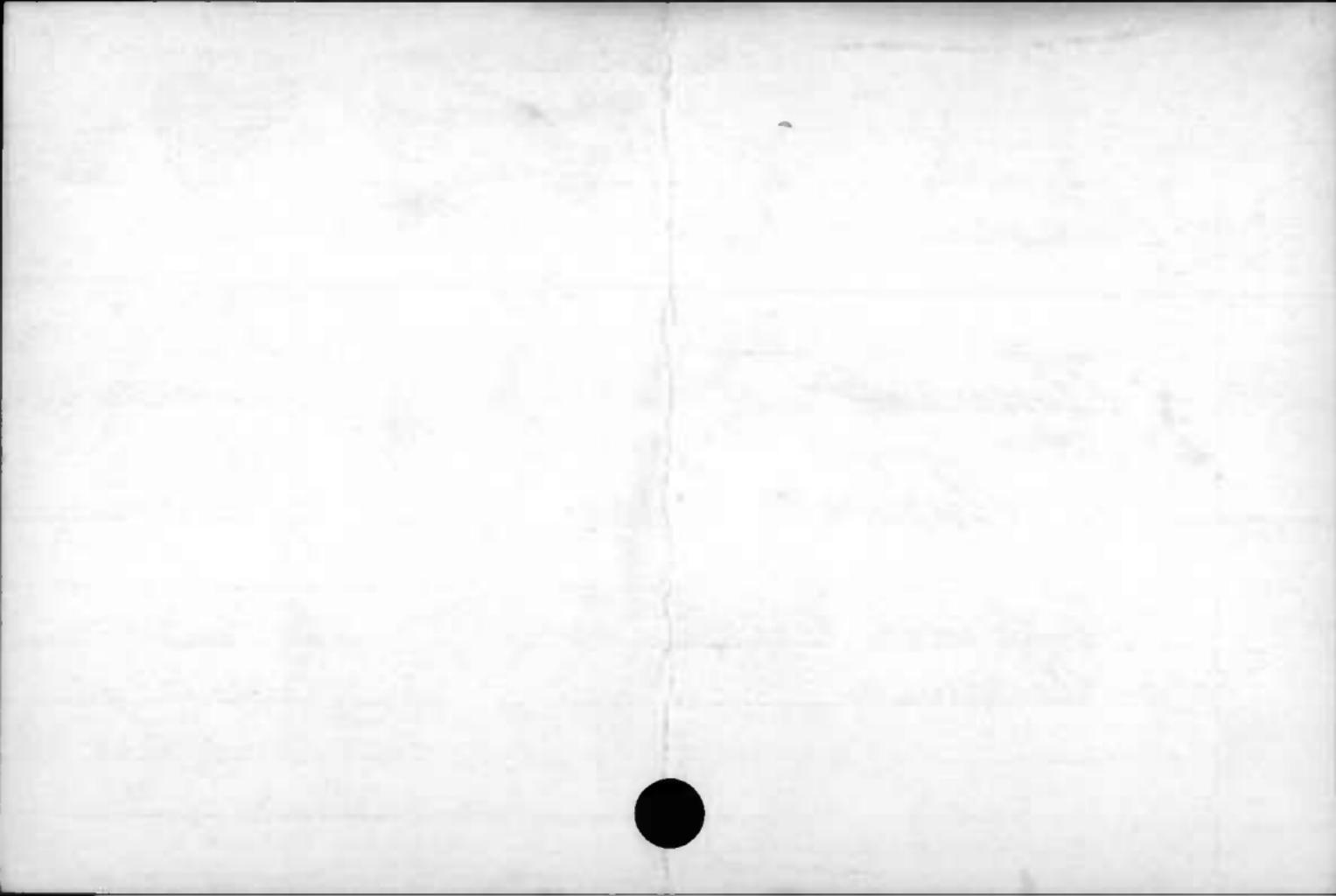
Yes

Signature of Physician

Address

A. Warren. Pausay M.D.
Dela. York Pa/

Accident or Suicide?



Died at <u>Gwynedd</u>			County <u>Starford</u>			MARYLAND	
Date 1903	Month <u>12</u>	Day <u>24</u>	Y. <u> </u>	M. <u> </u>	D. <u> </u>	Native of <u> </u>	Occupation <u> </u>
Male	White	Age <u> </u>	Married	Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	<u>166</u>
Husband of <u> </u>	Wife			Mother's Maiden Name			
Father's Name							
Cause of Death	Primary <u>Struck by law</u>			How long sick			
	Immediate			Accident, <u>Suicide</u> , <u>Homicide</u>			
Reported by <u>Alexander P Morris J.P.</u>							
Address <u>Eagewood</u>				 <u>starford Co</u>			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

